		REC	QUEST FOR VA COMP	ENSAT	ION OR P	ENSION INF	ORMATION		
			SECTION I (To Be	e Comple	ted By Serv	ice Department,			
THE FOLLOWING NAMED INDIVIDUAL HAS BEEN AWARDED M					LITARY RETIRED PAY. GROSS AMOUNT OF RETIRED PAY				
LAST NAME - FIRST NAME - MIDDLE INITIAL					ADDRESS (Street number, city, state, and ZIP Code)				
							SERVICE NUMBER		
TO:							SOCIAL SECURITY ACCOUNT NUMBER		
							DATE OF BIRTH	DATE OF FIRST ENTRY INTO SVC	
							RETIREMENT DATE	RETIRED GRADE	
							SERVICE DEPARTME	NT	
REMAR	RKS								
DATE		NAME AND TITLE OF REQUESTING OFFICER				SIGNATURE			
DATE		NAME AND THE OF REGUESTING OFFICER				SIGNATORE			
			OMPLETE SECTION III BEFO	ODE MAII	INC TO VE	TEDANS ADMIN	NICTRATION		
							VISTRATION		
SECTION II (To Be Completed By VA) THE ABOVE NAMED INDIVIDUAL IS NOT RECEIVING COMPENSATION OR PENSION.									
	THE ABOVE NAMED INDIVIDUAL IS RECEIVING COMPENSATION OR PENSION AS STATED BELOW.								
(See Instruction 6 on reverse side).									
		E NAMED INDIV ction 6 on rever	'IDUAL HAS APPLIED FOR se side).	COMPEN	SATION OF	PENSION.			
AMOUNT OF COMPENSATION OR PENSION					VA OFFICE OF JURISDICTION				
FFFF	\$ FIVE DATE	PER MONTH CLAIM NUMBER							
EFFEC	IIVE DATE		CLAIN NOWBER						
REMAR	RKS				1				
DATE		NAME AND TITLE OF VA OFFICIAL				SIGNATURE			
DATE		NAIVIE AND TITLE OF VA OFFICIAL			SIGNATURE				
			SECT	ION III (F	or Return Re	eply)			
TO:									
				(Name, address, and ZIP Code of					
					Service Department to which this form is to be returned)				
ı						I	to be returned	7	

INSTRUCTIONS FOR PREPARATION AND USE OF DD FORM 1285

- 1. The sole purpose of DD Form 1285 is to determine whether an individual who becomes entitled to retired pay is receiving a compensatory VA award which will require waiver of all or a portion of retired pay.
- 2. DD Form 1285 will be prepared only when the claimant becomes entitled to retired pay.
- 3. DD Form 1285 will be prepared in triplicate. Both Sections I and III will be completed. The original and duplicate will be forwarded to the Veterans Administration Regional Office. The triplicate will be retained by originating office.
- 4. The Veterans Administration will complete Section II and return one copy to the originating office.
- 5. DD Form 1285 does NOT obviate necessity for execution of a waiver (*VA Form 21-651*) if the claimant desires to receive a VA award in lieu of full retired pay.
- 6. If a retired member is in receipt of, or will be in receipt of VA compensation, VA Form 21-651 will be furnished as soon as possible.